		FOR OHF USE					

LL1

2001
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2001)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0010058

Facility Name: Illinois Knights Templar Home

Address: P.O. Box 49 (Number) Paxton (City) 60957 (Zip Code)

County: Ford

Telephone Number: (217) 379-2116 **Fax #** (217) 379-3000

IDPA ID Number: 370724685001

Date of Initial License for Current Owners: 05/07/05

Type of Ownership:

x	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL		
	x	Charitable Corp.		Individual		State	
		Trust		Partnership		County	
IRS Exemption Code	501 (c) (3)			Corporation		Other	
				"Sub-S" Corp.			
				Limited Liability Co.			
				Trust			
				Other			

In the event there are further questions about this report, please contact:
Name: Mike Kaplan **Telephone Number:** (312) 634-3400
Please send copies of any desk review or audit adjustments to our accountant's address.

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 08/01/2000 to 07/31/2001 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) _____
(Title) _____

Paid Preparer
(Signed) SEE ACCOUNTANTS' COMPILATION REPORT (Date)
(Print Name and Title) _____
(Firm Name & Address) Altschuler, Melvoin and Glasser LLP, One South Wacker Drive, Suite 800, Chicago, IL 60606
(Telephone) (312) 634-3400 Fax # (312) 634-5518

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 08/01/2000 Ending: 07/31/2001

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	71	Skilled (SNF)	71	25,915	1
2		Skilled Pediatric (SNF/PED)			2
3	4	Intermediate (ICF)	4	1,460	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	75	TOTALS	75	27,375	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	760		696	1,456	8
9	SNF/PED					9
10	ICF	16,114	7,973		24,087	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	16,874	7,973	696	25,543	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 93.31%

D. How many bed-hold days during this year were paid by Public Aid? 113 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
Townhouse and Congregate Living Units (CLU's)

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ] Non-allowable costs have been eliminated in Schedule V, Column 7

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] NO [ ]

I. On what date did you start providing long term care at this location?
Date started 08/01/1954

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [x]

K. Was the facility certified for Medicare during the reporting year?
YES [x] NO [ ] If YES, enter number of beds certified 5 and days of care provided 696

Medicare Intermediary AdminaStar Federal

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [x] NO [ ]

Tax Year: 07/31/2001 Fiscal Year: 07/31/2001

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 08/01/2000 Ending: 07/31/2001

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7**	8	9	10	
1	Dietary	196,978	14,798	19,409	231,185		231,185		231,185			1
2	Food Purchase		132,156		132,156		132,156	(1,344)	130,812			2
3	Housekeeping	126,140	9,384		135,524		135,524		135,524			3
4	Laundry	36,428	7,897	383	44,708		44,708		44,708			4
5	Heat and Other Utilities			88,959	88,959		88,959	(3,626)	85,333			5
6	Maintenance	92,911	57,048	23,204	173,163		173,163	3,022	176,185			6
7	Other (specify):*											7
8	TOTAL General Services	452,457	221,283	131,955	805,695		805,695	(1,948)	803,747			8
	B. Health Care and Programs											
9	Medical Director			8,400	8,400		8,400		8,400			9
10	Nursing and Medical Records	513,887	85,221	877,679	1,476,787		1,476,787		1,476,787			10
10a	Therapy			66,617	66,617		66,617		66,617			10a
11	Activities	56,463	3,730	1,299	61,492		61,492		61,492			11
12	Social Services	31,665		1,488	33,153		33,153		33,153			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	602,015	88,951	955,483	1,646,449		1,646,449		1,646,449			16
	C. General Administration											
17	Administrative	54,670			54,670		54,670		54,670			17
18	Directors Fees											18
19	Professional Services			164,303	164,303		164,303	(6,820)	157,483			19
20	Dues, Fees, Subscriptions & Promotions			36,515	36,515		36,515	(27,569)	8,946			20
21	Clerical & General Office Expenses	175,450	26,434	13,687	215,571		215,571	(366)	215,205			21
22	Employee Benefits & Payroll Taxes			397,984	397,984		397,984		397,984			22
23	Inservice Training & Education			7,917	7,917		7,917		7,917			23
24	Travel and Seminar			3,516	3,516		3,516		3,516			24
25	Other Admin. Staff Transportation		3,629		3,629		3,629		3,629			25
26	Insurance-Prop.Liab.Malpractice			71,748	71,748		71,748		71,748			26
27	Other (specify):*											27
28	TOTAL General Administration	230,120	30,063	695,670	955,853		955,853	(34,755)	921,098			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,284,592	340,297	1,783,108	3,407,997		3,407,997	(36,703)	3,371,294			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Illinois Knights Templar Home #0010058 Report Period Beginning: 08/01/2000 Ending: 07/31/2001

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
	D. Ownership	Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7**	8	9	10	
30	Depreciation			134,338	134,338		134,338	6,400	140,738			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			25,128	25,128		25,128	(7)	25,121			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	**TOTAL Ownership**			159,466	159,466		159,466	6,393	165,859			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		9,976	2,891	12,867		12,867		12,867			39
40	Barber and Beauty Shops	9,514	1,912	973	12,399		12,399		12,399			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			41,063	41,063		41,063		41,063			42
43	Other (specify):* Nonallowable costs			64,487	64,487		64,487	(59,214)	5,273			43
44	**TOTAL Special Cost Centers**	9,514	11,888	109,414	130,816		130,816	(59,214)	71,602			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	1,294,106	352,185	2,051,988	3,698,279		3,698,279	(89,524)	3,608,755			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

**** See schedule of adjustments attached at end of cost report.**

Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 08/01/2000 Ending: 07/31/2001

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(1,344)	2		4
5	Telephone, TV & Radio in Resident Rooms	(3,626)	5		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	6,400	30		9
10	Interest and Other Investment Income	(7)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(6,583)	43		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(6,820)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(10,134)	43		24
25	Fund Raising, Advertising and Promotional	(27,544)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Schedule 5A	(39,866)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (89,524)		$	30

OHF USE ONLY									
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (89,524)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Illinois Knights Templar Home
PROVIDER # 0010058
7/31/2001

Schedule 5A

VI. ADJUSTMENT DETAIL
NON-ALLOWABLE EXPENSES
LINE 29 - Other

Description	Amount	Schedule V Reference
Chamber of Commerce Dues	(25)	20
Deferred Maintenance	3,022	6
CLU Expenses	(32,181)	43
Townhouse Expenses	(10,316)	43
Telephone Income	(40)	21
Miscellaneous Income	(326)	21
	0	
Total	**(39,866)**	

See Accountants' Compilation Report

Illinois Knights Templar Home

ID# 0010058

Report Period Beginning: 08/01/2000

Ending: 07/31/2001

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	0		49

STATE OF ILLINOIS **Summary A**

Facility Name & ID Number Illinois Knights Templar Home **#** 0010058 **Report Period Beginning:** 08/01/2000 **Ending:** 07/31/2001

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,344)	0	0	0	0	0	0	0	0	0	0	(1,344)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,626)	0	0	0	0	0	0	0	0	0	0	(3,626)	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(4,970)	0	0	0	0	0	0	0	0	0	0	(4,970)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(6,820)	0	0	0	0	0	0	0	0	0	0	(6,820)	19
20	Fees, Subscriptions & Promotions	(27,544)	0	0	0	0	0	0	0	0	0	0	(27,544)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(34,364)	0	0	0	0	0	0	0	0	0	0	(34,364)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(39,334)	0	0	0	0	0	0	0	0	0	0	(39,334)	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number Illinois Knights Templar Home **#** 0010058 **Report Period Beginning:** 08/01/2000 **Ending:** 07/31/2001

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	6,400	0	0	0	0	0	0	0	0	0	0	6,400	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(7)	0	0	0	0	0	0	0	0	0	0	(7)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	6,393	0	0	0	0	0	0	0	0	0	0	6,393	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(16,717)	0	0	0	0	0	0	0	0	0	0	(16,717)	43
44	**TOTAL Special Cost Centers**	(16,717)	0	0	0	0	0	0	0	0	0	0	(16,717)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(49,658)	0	0	0	0	0	0	0	0	0	0	(49,658)	45

Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 08/01/2000 Ending: 07/31/2001

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
		N/A		N/A		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [ ] YES [x] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			$			$	$	1
2	V								2
3	V				N/A				3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$			$	$ *	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 08/01/2000 Ending: 07/31/2001

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	N/A								$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 08/01/2000 Ending: 7/31/2001

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	N/A					$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 08/01/2000 Ending: 07/31/2001

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	First National Bank		x	Operating	None	Various	1,201,750	566,125	Various	Various	25,128	6
7												7
8												8
9	TOTAL Facility Related						$ 1,201,750	$ 566,125			$ 25,128	9
	B. Non-Facility Related*											
10	Interest Income Offset										(7)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (7)	14
15	TOTALS (line 9+line14)						$ 1,201,750	$ 566,125			$ 25,121	15

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 08/01/2000 Ending: 07/31/2001

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2000 report.	***Important***, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		$ N/A	2
3. Under or (over) accrual (line 2 minus line 1).		$	3
4. Real Estate Tax accrual used for 2001 report. (Detail and explain your calculation of this accrual on the lines below.)		$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For 19 Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
	1996	8
	1997	9
	1998	10
	1999	11
	2000	12

FOR OHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2000	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, [illegible] Office of Health Finance at (217) 782-1600.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Illinois Knights Templar Home COUNTY Ford

FACILITY IDPH LICENSE NUMBER 0010058

CONTACT PERSON REGARDING THIS REPORT N/A

TELEPHONE ( ) FAX #: ( )

A. **Summary of Real Estate Tax Cos**

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursir home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 200(

	(A) Tax Index Numbe	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.		N/A	$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocation**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services' ____ YES ____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

C. **Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill whic is normally paid during 2001.

Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 08/01/2000 Ending: 07/31/2001

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 40,268 B. General Construction Type: Exterior Brick Frame Fire Resistive Number of Stories 2

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Illinois Knights Templar Home - Townhouse Apartments: 2862 Square Feet: 4 Units
Illinois Knights Templar Home - Congregate Living Units(CLU'S); 3330 Square Feet; 11 Units

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [x] NO
If so, please complete the following:

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A
3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs: N/A
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility	120,000	1952	$ 23,000	1
2	Garage	7,850	1991	3,204	2
3	TOTALS	127,850		$ 26,204	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 08/01/2000 Ending: 07/31/2001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	13			1963	$ 155,247	$ 3,881	40	$ 3,881	$	$ 147,485	4
5	37			1975	825,217	20,630	40	20,630		557,010	5
6	6			1987	587,238	14,681	40	14,681		220,215	6
7	4			1992	64,239	1,606	40	1,606		16,060	7
8	15			1996	1,292,665	32,317	40	32,317		193,902	8
	Improvement Type**										
9	Doors			1977	10,621	266	15		(266)	10,621	9
10	Parking Lots & Flag Pole			1977	5,523	368	8		(368)	5,523	10
11	Improvements			1978	40,262	1,007	40	1,007		23,665	11
12	Generator			1979	12,921	323	20		(323)	12,921	12
13	Generator			1980	26,890	672	20	672		26,890	13
14	Roof			1980	32,948	824	20	824		32,948	14
15	Roof- Nurses Station			1981	22,000	550	20	1,100	550	21,450	15
16	Basement Renovation			1981	20,614	515	40	515		20,356	16
17	Air Conditioner Installation			1982	1,271	32	5		(32)	1,271	17
18	Carpeting - Administrator's House			1982	365	9	5		(9)	365	18
19	Laundry Room- Plumbing & Heating			1982	9,799	245	25	392	147	7,840	19
20	Electrical Updates			1984	1,405	35	18	78	43	1,366	20
21	Water Heater			1984	1,430	36	10		(36)	1,430	21
22	Garage			1985	6,015	150	25	241	91	3,856	22
23	Furnace- Administrator's House			1985	1,522	38	15		(38)	1,522	23
24	5 Room Renovation			1988	144,260	3,607	40	3,607		50,498	24
25	Resurface Parking Lots & Drives			1988	12,875	322	8		(322)	12,875	25
26	Patio			1989	9,000	456	15	600	144	7,800	26
27	Solarium			1989	21,547	539	15	1,436	897	18,668	27
28	Remodel Day Room			1989	3,558	89	15	237	148	3,081	28
29	Install Catch Basins			1989	790	20	20	40	20	520	29
30	New Sidewalk			1989	890	59	15	59		767	30
31	Sidewalk & Ramp			1990	1,090	27	15	73	46	876	31
32	Rewire Garage			1992	3,238	81	20	162	81	1,620	32
33	Install New Hot Water Supply			1992	3,039	76	20	152	76	1,520	33
34	Land Improvement- Cleared Site for Garage			1992	1,540	103	10	154	51	1,540	34
35	Garage			1992	39,976	999	15	2,665	1,666	26,651	35
36	Wall Replacement			1993	71,464	1,787	40	1,787		14,295	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 08/01/2000 Ending: 07/31/2001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Land Improvement- Removal of Tank	1993	$ 2,500	$ 63	10	$ 250	$ 187	$ 2,250	37
38	Roof Insulation	1993	15,800	790	15	1,053	263	9,477	38
39	Roof Insulation & Replace Skylights	1993	6,672	445	15	445		4,005	39
40	Wallpaper, Lights, Sashes, Etc. - Administrator's House	1993	3,531	88	5	707	619	6,363	40
41	Sump Pump & Pit - Administrator House	1993	815	20	10	82	62	738	41
42	Repaired Generator	1994	5,156	129	20	258	129	2,064	42
43	Wallpaper, Blinds, Cabinets- Administrator's House	1994	2,338	58	5		(58)	2,338	43
44	Land Improvement - Repaired Water Main	1994	1,063	72	25	43	(29)	344	44
45	Land Improvement- Sidewalks	1994	1,721	115	15	115		920	45
46	Air Conditioner in Dining Room	1994	4,801	120	5		(120)	4,801	46
47	Rewired Cable	1995	875	22	5		(22)	875	47
48	Tile in Front Entrance, Intermediate Rooms & House	1995	7,408	185	20	370	185	2,590	48
49	Land Improvement- Transplanted Tree	1995	275	18	20	14	(4)	98	49
50	Replaced Fire System	1995	2,915	73	10	292	219	2,044	50
51	Installed New Shower	1996	647	16	10	65	49	390	51
52	Installed Garage Door & Asbestos Analysis	1996	1,254	31	20	63	32	378	52
53	Land Improvement - Repaired Water Main	1996	1,002	25	25	40	15	240	53
54	Remodeled Dining Room - Wallpaper	1996	550	14	5		(14)	550	54
55	Replaced Tile in Bath # 1	1996	685	17	20	34	17	204	55
56	Installed New Fire Doors in 1998 Addition	1996	4,321	108	15	288	180	1,728	56
57	Wallpaper & Blinds in dining Room of Administrator's House	1996	2,136	53	5	427	374	2,136	57
58	Repaired Generator	1996	2,217	55	18	123	68	738	58
59	Replace Piping from Hot Water Heater (Copper)	1996	603	15	20	30	15	180	59
60	Wallpaper & Jacks in Master Bedroom of Administrator's House	1997	785	20	5	157	137	785	60
61	Run New Water Line & Insulation in Mechanical Room	1997	2,643	66	15	176	110	880	61
62	Installed New Door Alarms in 1995 Addition	1997	1,752	15	10	175	160	875	62
63	Increased Value of Land - Demolition of Old House	1997	51,968						63
64	Remove Asbestos Analysis of Old House	1996	(700)						64
65	Wallpaper, Tile Bases, etc. In Solarium	1997	2,586	517	5	518	1	2,586	65
66	Installed Wallpaper	1997	392	10	20	39	29	195	66
67	Installed New Waterline & Water Softener	1997	3,336	83	20	167	84	835	67
68	Installed Mop Sink & Ductwork for Furnace	1997	2,508	63	20	125	62	625	68
69	Land Improvement - Removed Trees	1997	860	57	20	43	(14)	215	69
70	TOTAL (lines 4 thru 69)		$ 3,566,874	$ 89,713		$ 95,015	$ 5,302	$ 1,499,854	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 08/01/2000 Ending: 07/31/2001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 3,566,874	$ 89,713		$ 95,015	$ 5,302	$ 1,499,854	1
2	Replaced Water & Sewer Lines, Sink, Faucet & Countertops	1998	3,511	51	20	176	125	630	2
3	Installed Mini - Blinds in Breakroom	1998	904	16	5	181	165	648	3
4	Land Improvement	1998	3,239						4
5	Land Improvement - Planted Trees	1998	699	47	20	35	(12)	117	5
6	Repaired Generator	1998	1,925	39	20	96	57	320	6
7	Installed Closet Dividers	1998	474	32	15	32		107	7
8	Repaired Roof	1998	633	63	10	63		205	8
9	Installed Oxygen Ventilation System	1998	2,980	6	20	149	143	459	9
10	Installed Carpet	1998	680	136	5	136		419	10
11	Land Improvement - Tested & Upgraded Fuel Tank	1998	8,050	537	25	322	(215)	993	11
12	Landscaping	1998	300	60	5	60		150	12
13	Concrete Driveway	1999	8,000	534	10	800	266	2,000	13
14	Roof Improvements on 1975 Addition	1999	4,776	478	10	478		1,195	14
15	Roof Improvements on 1988 Dining Room Addition	1999	10,528	1,053	10	1,053		2,633	15
16	Pavillion	1999	14,214	355	25	569	214	853	16
17	Electric Improvments on the 1995 Addition	1999	4,762	119	20	238	119	357	17
18	Kitchen Fire System	1999	1,797	37	10	180	143	270	18
19	Pavillion Lights	2000	1,235	31	10	124	93	186	19
20	Building Improvement Original Memorial Monument	2000	746	19	40	19		19	20
21	Building Improvement Original BTU Heat Pump	2000	1,988	50	40	50		50	21
22	Building Improvements 1988 New Wander Guard System	2000	11,990	300	40	300		300	22
23	Land Improvement Sidewalk and Pad	2001	2,300	153	15	153		153	23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,652,605	$ 93,829		$ 100,229	$ 6,400	$ 1,511,918	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 08/01/2000 Ending: 07/31/2001

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 512,377	$ 39,334	$ 39,334	$	5-10 yrs	$ 390,167	71
72	Current Year Purchases	10,496	1,175	1,175		5-10 yrs	1,175	72
73	Fully Depreciated Assets	92,265					92,265	73
74								74
75	TOTALS	$ 615,138	$ 40,509	$ 40,509	$		$ 483,607	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility - Patient Care	Ford Aerotech, 1980	1980	$ 35,800	$	$	$	5	$ 35,800	76
77	Facility - Maintenance	Chevrolet S-10, 1988	1988	10,077				5	10,077	77
78	Facility -Patient Care	Buick Century, 1993	1993	14,491				5	14,491	78
79										79
80	TOTALS			$ 60,368	$	$	$		$ 60,368	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 4,354,315	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 134,338	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 140,738	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 6,400	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 2,055,893	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Townhouse 1975	$ 104,547	$ 2,595	$ 66,975	86
87	Congregate Living Units, 1998	405,870	13,259	228,875	87
88					88
89					89
90					90
91	TOTALS	$ 510,417	$ 15,854	$ 295,850	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93	N/A		93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 08/01/2000 Ending: 07/31/2001

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34. This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: ☐ YES ☒ NO Terms: N/A *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2002	$
13.	/2003	$
14.	/2004	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO

16. Rental Amount for movable equipment: $ N/A Description:
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18		N/A			18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 08/01/2000 Ending: 07/31/2001

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [ ] YES [X] NO

It is the policy of this facility to only hire certified nurses aides

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 08/01/2000 Ending: 07/31/2001

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff			Outside Practitioner (other than consultant)		Supplies (Actual or)	Total Units	Total Cost	
			Units of Service		Cost	Units	Cost	Allocated)	(Column 2 + 4)	(Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	L. 10A C. 3	hrs		$	207	$ 33,323	$	207	$ 33,323	1
2	Licensed Speech and Language Development Therapist	L. 10A C. 3	hrs			16	1,917		16	1,917	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist	L10A C. 3	hrs			478	31,377		478	31,377	4
5	Physician Care		visits								5
6	Dental Care		visits								6
7	Work Related Program		hrs								7
8	Habilitation		hrs								8
9	Pharmacy	L. 39 C. 2	# of prescrpts					9,976		9,976	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10
11	Academic Education		hrs								11
12	Exceptional Care Program										12
13	Other (specify): Laboratory	L. 39 C 3					2,891			2,891	13
14	TOTAL				$	701	$ 69,508	$ 9,976	701	$ 79,484	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Facility Name & ID Number Illinois Knights Templar Home # 0010058 **Report Period Beginning:** 08/01/2000 **Ending:** 07/31/2001

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 07/31/2001 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ (10,011)	$ (10,011)	1
2	Cash-Patient Deposits	7,313	7,313	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance None)	517,001	517,001	3
4	Supply Inventory (priced at Cost)	34,600	34,600	4
5	Short-Term Investments			5
6	Prepaid Insurance	28,391	28,391	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Deposits	(1,521)	(1,521)	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 575,773	$ 575,773	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	82,951	26,204	13
14	Buildings, at Historical Cost	3,726,021	3,652,605	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	675,506	675,506	16
17	Accumulated Depreciation (book methods)	(1,853,163)	(2,055,893)	17
18	Deferred Charges		4,531	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): CLU & Townhomes	214,567	214,567	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 2,845,882	$ 2,517,520	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 3,421,655	$ 3,093,293	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 190,074	$ 190,074	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	7,313	7,313	28
29	Short-Term Notes Payable	566,125	566,125	29
30	Accrued Salaries Payable	81,411	81,411	30
31	Accrued Taxes Payable (excluding real estate taxes)	5,796	5,796	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accrued Expenses	15,443	15,443	36
37	Security Deposits CLU'S&Townhome	3,209	3,209	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 869,371	$ 869,371	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 869,371	$ 869,371	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,552,284	$ 2,223,922	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 3,421,655	$ 3,093,293	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 08/01/2000 Ending: 07/31/2001

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 2,657,132	1
2	Restatements (describe):		2
3	**Prior Period Adjustment**	142,002	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 2,799,134	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(739,277)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (739,277)	17
	B. Transfers (Itemize):		
18	**Transfer from Administrative Fund**	492,427	18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ 492,427	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 2,552,284	24 *

Operating entity only

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 08/01/2000 Ending: 07/31/2001

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 2,914,722	1
2	Discounts and Allowances for all Levels	(294,057)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,620,665	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	160,530	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 160,530	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	10,958	13
14	Non-Patient Meals	1,344	14
15	Telephone, Television and Radio	40	15
16	Rental of Facility Space		16
17	Sale of Drugs	13,267	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	59,653	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 85,262	23
	D. Non-Operating Revenue		
24	Contributions	4,242	24
25	Interest and Other Investment Income***	7	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 4,249	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	**Miscellaneous Income**	326	28
28a	**Townhouses & CLU'S Income**	87,970	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 88,296	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 2,959,002	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	805,695	31
32	Health Care	1,646,449	32
33	General Administration	955,853	33
	B. Capital Expense		
34	Ownership	159,466	34
	C. Ancillary Expense		
35	Special Cost Centers	89,753	35
36	Provider Participation Fee	41,063	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 3,698,279	40
41	**Income before Income Taxes (line 30 minus line 40)****	(739,277)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (739,277)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? Yes If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 08/01/2000 Ending: 07/31/2001

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,919	2,071	$ 44,807	$ 21.64	1
2	Assistant Director of Nursing					2
3	Registered Nurses	7,939	8,443	171,550	20.32	3
4	Licensed Practical Nurses	7,199	7,791	124,722	16.01	4
5	Nurse Aides & Orderlies	11,319	12,199	137,973	11.31	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,043	2,219	24,754	11.16	9
10	Activity Assistants	3,890	4,074	31,709	7.78	10
11	Social Service Workers	1,985	2,249	31,665	14.08	11
12	Dietician					12
13	Food Service Supervisor	2,096	2,184	29,087	13.32	13
14	Head Cook	4,819	5,235	51,841	9.90	14
15	Cook Helpers/Assistants	4,242	4,642	43,833	9.44	15
16	Dishwashers	8,108	8,580	72,217	8.42	16
17	Maintenance Workers	6,624	6,944	92,911	13.38	17
18	Housekeepers	13,684	14,597	126,140	8.64	18
19	Laundry	4,022	4,182	36,428	8.71	19
20	Administrator	1,800	2,096	54,670	26.08	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	11,214	12,589	175,450	13.94	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,289	2,585	34,835	13.48	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) Beautician	1,112	1,112	9,514	8.56	33
34	TOTAL (lines 1 - 33)	96,304	103,792	$ 1,294,106 *	$ 12.47	34

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	415	$ 19,003	L1, C3	35
36	Medical Director	Monthly	8,400	L9, C3	36
37	Medical Records Consultant	27	795	L10, C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	1,980	L10, C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	25	1,299	L11, C3	44
45	Social Service Consultant	29	1,488	L12, C3	45
46	Other(specify) Quality Assurance	64	13,774	L10, C3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	560	$ 46,739		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	3,081	$ 137,035	L10, C3	50
51	Licensed Practical Nurses	869	32,674	L10, C3	51
52	Nurse Aides	31,049	691,421	L10, C3	52
53	TOTAL (lines 50 - 52)	34,999	$ 861,130		53

Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 08/01/2000 Ending: 07/31/2001

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Ray E Prather	Administrator	0%	$ 54,670
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 54,670

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Duane, Morris & Heckscher LLP	Legal	$ 75,182
Martensen, Anderw & Niemann	Legal	7,210
Marshall, Phillips & Associates	Accounting	12,679
Lawrence Travis & Associates	Accounting	13,689
American Express Tax and		
Business Services	Medicare Consultant	11,800
Red Line Healthcare	Data Processing	1,728
WDM Computer Services	Computer Consulting	4,254
Fiorillo and Associates	Computer Consulting	17,370
Ferry & Accociates	Computer Consulting	5,590
Donna Metcalf	Editor	11,526
Long Term Care Services	Computer Support	3,275
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 164,303

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 29,174
Unemployment Compensation Insurance	5,942
FICA Taxes	87,531
Employee Health Insurance	220,611
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Pension Contributions	51,721
Dental Insurance	
Other Employee Benefits	1,710
Employee Physicals	1,295
TOTAL (agree to Schedule V, line 22, col.8)	$ 397,984

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	3,598
Health Care Worker Background Check	
(Indicate # of checks performed 12)	252
Life Services Network Dues	3,219
Miscellaneous Licenses & Fees	78
Miscellaneous Subscriptions	680
Miscellaneous Dues	1,119
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 8,946

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	3,516
See Atttached Schedule	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 3,516

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 08/01/2000 Ending: 07/31/2001

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
1	Replace Disposal	10/99	$ 1,638	3	$	$	$ 273	$ 546	$ 546	$ 273	$	$	$
2	Heat Pump	9/99	1,386	3			231	462	462	231			
3	Roof Repair	3/00	1,423	3			238	474	474	237			
4	Door Alarm Repair	7/00	1,418	3			236	473	473	236			
5	Seal Parking Lot	6/00	3,200	3			534	1,067	1,067	532			
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$ 9,065		$	$	$ 1,512	$ 3,022	$ 3,022	$ 1,509	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 08/01/2000 Ending: 07/31/2001

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **Life Services Network $3,219**

(3) Did the nursing home make political contributions or payments to a political action organization? **No** If YES, have these costs been properly adjusted out of the cost report? **N/A**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **7yrs.**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **12,251** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **41,063**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **Yes** If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **Yes See 23A** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **No** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **1,344**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **Yes** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **0**
c. What percent of all travel expense relates to transportation of nurses and patients? **0**
d. Have vehicle usage logs been maintained? **Yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **Yes**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **Lawrence Travis & Co., P.C.** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **Yes** If no, please explain. **N/A**

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.

	Salaries	Supplies	Other	Total	Reclass-ifications	Reclassified Total	Adjustments	Adjusted Total
1. Dietary	196,978	14,798	19,409	231,185	0	231,185	0	231,185
2. Food Purchase	0	132,156	0	132,156	0	132,156	-1,344	130,812
3. Housekeeping	126,140	9,384	0	135,524	0	135,524	0	135,524
4. Laundry	36,428	7,897	383	44,708	0	44,708	0	44,708
5. Heat and Other Utilities	0	0	88,959	88,959	0	88,959	-3,626	85,333
6. Maintenance	92,911	57,048	23,204	173,163	0	173,163	3,022	176,185
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	452,457	221,283	131,955	805,695	0	805,695	-1,948	803,747
9. Medical Director	0	0	8,400	8,400	0	8,400	0	8,400
10. Nursing & Medical Records	513,887	85,221	877,679	1,476,787	0	1,476,787	0	1,476,787
10a. Therapy	0	0	66,617	66,617	0	66,617	0	66,617
11. Activities	56,463	3,730	1,299	61,492	0	61,492	0	61,492
12. Social Services	31,665	0	1,488	33,153	0	33,153	0	33,153
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	602,015	88,951	955,483	1,646,449	0	1,646,449	0	1,646,449
17. Administrative	54,670	0	0	54,670	0	54,670	0	54,670
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	164,303	164,303	0	164,303	-6,820	157,483
20. Fees, Subscriptions & Promotion	0	0	36,515	36,515	0	36,515	-27,569	8,946
21. Clerical & General Office	175,450	26,434	13,687	215,571	0	215,571	-366	215,205
22. Employee Benefits & Payroll	0	0	397,984	397,984	0	397,984	0	397,984
23. Inservice Training & Education	0	0	7,917	7,917	0	7,917	0	7,917
24. Travel and Seminar	0	0	3,516	3,516	0	3,516	0	3,516
25. Other Admin. Staff Trans	0	3,629	0	3,629	0	3,629	0	3,629
26. Insurance-Prop.Liab.Malpractice	0	0	71,748	71,748	0	71,748	0	71,748
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	230,120	30,063	695,670	955,853	0	955,853	-34,755	921,098
29. Total General Administrative	1,284,592	340,297	1,783,108	3,407,997	0	3,407,997	-36,703	3,371,294
30. Depreciation	0	0	134,338	134,338	0	134,338	6,400	140,738
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	25,128	25,128	0	25,128	-7	25,121
33. Real Estate	0	0	0	0	0	0	0	0
34. Rent - Facility & Grounds	0	0	0	0	0	0	0	0
35. Rent - Equipment & Vehicles	0	0	0	0	0	0	0	0
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	159,466	159,466	0	159,466	6,393	165,859
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	9,976	2,891	12,867	0	12,867	0	12,867
40. Barber and Beauty Shop	9,514	1,912	973	12,399	0	12,399	0	12,399
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	41,063	41,063	0	41,063	0	41,063
43. Other (specify):*	0	0	64,487	64,487	0	64,487	-59,214	5,273
44. Total Special Cost Ce	9,514	11,888	109,414	130,816	0	130,816	-59,214	71,602
45. Grand Total	1,294,106	352,185	2,051,988	3,698,279	0	3,698,279	-89,524	3,608,755

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	-10,011	-10,011
2. Cash - Patient Deposits	7,313	7,313
3. Accounts & Notes Recievable	517,001	517,001
4. Supply Inventory	34,600	34,600
5. Short-Term Investments	0	0
6. Prepaid Insurance	28,391	28,391
7. Other Prepaid Expenses	0	0
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	-1,521	-1,521
10. Total current assets	575,773	575,773
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	82,951	26,204
14. Buildings, at Historical Cost	3,726,021	3,652,605
15. Leasehold Improvements, Historical Cost	0	0
16. Equipment, at Historical Cost	675,506	675,506
17. Accumulated Depreciation (book methods)	-1,853,163	-2,055,893
18. Deferred Charges	0	4,531
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	214,567	214,567
24. Total Long-Term Assets	2,845,882	2,517,520
25. Total Assets	3,421,655	3,093,293
CURRENT LIABILITIES		
26. Accounts Payable	190,074	190,074
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	7,313	7,313
29. Short-Term Notes Payable	566,125	566,125
30. Accrued Salaries Payable	81,411	81,411
31. Accrued Taxes Payable	5,796	5,796
32. Accrued Real Estate Taxes	0	0
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	15,443	15,443
37. Other Current Liabilities (specify):	3,209	3,209
38. Total Current Liabilities	869,371	869,371
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	0	0
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	0	0
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	0	0
46.Total Liabilities	869,371	869,371
47.Total Equity	2,552,284	2,223,922
48.Total Liabilities and Equity	3,421,655	3,093,293

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	2,914,722
2. Discounts and Allowances for all Levels	-294,057
Subtotal - Inpatient Care	2,620,665
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	160,530
7. Oxygen	0
Subtotal - Anciliary Revenue	160,530
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	10,958
14. Non-Patient Meals	1,344
15. Telephone, Television, and Radio	40
16. Rental of Facility Space	0
17. Sale of Drugs	13,267
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiologyand X-Ray	0
21. Other Medical Services	59,653
22. Laundry	0
Subtotal - Other Operating Revenue	85,262
24. Contributions	4,242
25. Interest and Other Investments Income	7
Subtotal - Non-Operating Revenue	4,249
27. Other Revenue (specify):	326
28. Other Revenue (specify):	87,970
Subtotal - Other Revenue	88,296
30. Total Revenue	2,959,002
31. General Services	680,120
32. Health Care	1,154,988
33. General Administration	668,561
34. Ownership	144,710
35. Special Cost Centers	60,174
35. Provider Participation Fee	41,063
37. Other	0
40. Total Expenses	2,749,616
41. Income Before Income Taxes	209,386
42. Income Taxes	0
43. Net Income or Loss for the Year	209,386
44.Other Long-Term Liabilities (specify):	0
45.Total Long-Term Liabilities	0
46.Total Liabilities	977,276
47.Total Equity	2,473,143
48.Total Liabilities and Equity	3,450,419

Page

Attachment of Real Estate Bill and fill out form

P12 does not show totals, it carries to P12a, therefore P12a must always be attached

The bottom right side of page under **, you must write in any comments

RECONCILIATION REPORT **Illinois Knights Templar** **03:06 PM** **11/07/05**

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CEL	SUB-SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB-SCHED.	LINE NO.	COL. NO.
Adjustment Detail	-89,524	equal to	-89,524	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	25,121	equal to	25,121	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	0	equal to	0	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	N/A	equal to	0	#VALUE!	#VALUE!	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	140,738	equal to	140,738	0	O.K.	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	0	equal to	0	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	0	equal to	0	0	O.K.	Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	0	equal to	0	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv.- Staff Wages		equal to		0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	66,617	equal to	66,617	0	O.K.	Pg16 Z12+Z14..	N/A;B	1-4;40-43	8;2	Pg3 H20	N/A	1Oa	4
Special Serv.- Supplies	9,976	equal to	#VALUE!	#VALUE!	#VALUE!	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39,10a	2
Income Stat. General Serv.	805,695	equal to	805,695	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	1,646,449	equal to	1,646,449	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Admininstation	955,853	equal to	955,853	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	159,466	equal to	159,466	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	89,753	equal to	89,753	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24+H	N/A	38to41+43	4
Income Stat. Prov. Partic.	41,063	equal to	41,063	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	513,887	equal to	513,887	0	O.K.	Pg20 K11..K15+	A.	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to		0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	0	equal to		0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	56,463	equal to	56,463	0	O.K.	Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	31,665	equal to	31,665	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	196,978	equal to	196,978	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	92,911	equal to	92,911	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	126,140	equal to	126,140	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	36,428	equal to	36,428	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	54,670	equal to	54,670	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	175,450	equal to	175,450	0	O.K.	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to		0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	1,294,106	equal to	1,294,106	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	19,003	< or = to	19,409	-406	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	8,400	< or = to	8,400	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	877,679	< or = to	877,679	0	O.K.	Pg20 X14..X16+	B. & C.	37to39 and 50to5	2	Pg3 G19	N/A	10	3
Activity Consultant	1,299	< or = to	1,299	0	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	1,488	< or = to	1,488	0	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched.- Admin. Salar.	54,670	equal to	54,670	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other		equal to		0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	164,303	equal to	164,303	0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxes	397,984	equal to	397,984	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched of dues..	8,946	equal to	8,946	0	FAILED	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of trav	3,516	equal to	3,516	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	41,063	equal to	41,063	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	No	< or = to		0	O.K.	Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	No	equal to	0	#VALUE!	#VALUE!	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to		0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	696	equal to	696	0	O.K.	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs		equal to	0	#VALUE!	#VALUE!	Pg5 Z18	B.	34	1	Pg6 to Pg 6I Y4(	B.	14	8
Total loan balance	566,125	equal to	566,125	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27..	N/A	29+39-41	2
Real estate tax accrual	0	equal to		0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	26,204	equal to	26,204	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	3,652,605	equal to	3,652,605	0	FAILED	Pg12 to 12I L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	675,506	equal to	675,506	0	O.K.	Pg13 O22+L13	C.& D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	2,055,893	equal to	2,055,893	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	2,552,284	equal to	2,552,284	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	-739,277	equal to	-739,277	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	4,531	equal to	4,531	0	O.K.	Pg22 F31-J31..S	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	3,421,655	equal to	3,421,655	0	O.K.	Pg17:H41		25	1	Pg17 S41	N/A	48	1